

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 502952

1. Entity Name
HAVANA VILLAGE SANDWICH SHOPS, INC.



Principal Place of Business

120 NORTH DALE MABRY HIGHWAY
TAMPA, FL 33609-2707

Mailing Address

120 NORTH DALE MABRY HIGHWAY
TAMPA, FL 33609-2707



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1671422

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELENDEZ, RAMON A.
120 NORTH DALE MABRY HIGHWAY
TAMPA, FL

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000629100
02/16/07-80043-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MELENDEZ, RAMON A.
4134 RIVERVIEW
TAMPA FL,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MELENDEZ, OVIDIO
4134 RIVERVIEW
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MELENDEZ, LEDIA
4134 RIVERVIEW
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON A. MELENDEZ

Date

Daytime Phone #

2-5-07 813-872-9049